

JUN 15 2006

PETERS, VERNY, JONES, SCHMITT & ASTON, LLP

425 Sherman Avenue, Suite 230

Palo Alto, CA 94306

Telephone: (650) 324-1677

Facsimile: (650) 324-1678

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Date: JUNE 15, 2006

To: US Patent and Trademark Office

Fax: (571) 273-8300

Re: Attorney Docket No.: 4004.10-4 (SMS)
Serial No.: 10/691,880
Filed: OCTOBER 23, 2003

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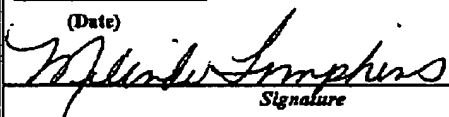
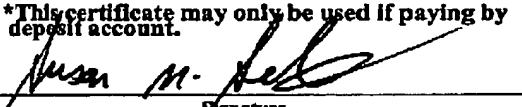
JUN 15 2006

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))					Docket No. 4004.10-4	
In Re Application Of: MIR A. IMRAN						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/691,880	10/23/2003	JASTRZAB, JEFFREY R.	23308	3762	9003	
Title: GASTRIC TREATMENT AND DIAGNOSIS DEVICE AND METHOD						
 Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 37 CFR 1.97(b) 1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114. 37 CFR 1.97(c) 2. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of: <input type="checkbox"/> the statement specified in 37 CFR 1.97(e); <div style="text-align: center;">OR</div> <input type="checkbox"/> the fee set forth in 37 CFR 1.17(p).						

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TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))				Docket No. 4004.10-4	
In Re Application of: MIR A. IMRAN					
Application No. 10/691,880	Filing Date 10/23/2003	Examiner JASTRZAB, JEFFREY R.	Customer No. 23308	Group Art Unit 3762	Confirmation No. 9003
Title: GASTRIC TREATMENT AND DIAGNOSIS DEVICE AND METHOD					
Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))					
<input type="checkbox"/> A check in the amount of _____ is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>16-1331</u> as described below. <div style="margin-left: 40px;"> <input type="checkbox"/> Charge the amount of _____ <input type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required. </div> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
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Dated: JUNE 15, 2006					
SUSAN M. SCHMITT (REG. NO. 34,427) PETERS, VERNY, JONES, SCHMITT & ASTON LLP 425 SHERMAN AVENUE, SUITE 230 PALO ALTO, CA 94306 TEL: (650) 324-1677 FAX: (650) 324-1678					
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PVJSA CASE: 4004.10-8 (SMS)			